L1000061331

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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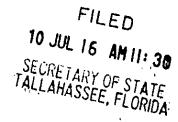
10 JUL 16 AM II: 31
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TICON 3906, LLC	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted fo
Please return all correspondence concerning	this matter to:
ALVARO CASTILLO	
(Contact Person)	
CASTILLO & ASSOCIATES	
(Firm/Company)	
1390 BRICKELL AVENUE SUITE	E 200
(Address)	
MIAMI FLORIDA 33131	-
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
ALVARO CASTILLO	at (305) 371-5540
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: TIC	limited liability company as	it appears on the records of the Florida Department
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doct L1000006		this limited liability company is:
4. I, DIEGO FA	AERMAN ame of Person Resigning)	, hereby resign as a MANAGER (Print Title)
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of Res	gning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	